

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

2012 APR 16 AM 10:23
12 FEB 4 M5
FEC MAIL CENTER

50 State Strategy

ADDRESS (number and street)

152 N THIRD ST

☐ Check if different than previously reported. (ACC)

Suite 600

San Jose CA 95112

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00502633

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☒ April 15 Quarterly Report (Q1)
☐ July 15 Quarterly Report (Q2)
☐ October 15 Quarterly Report (Q3)
☐ January 31 Year-End Report (YE)
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
☐ Convention (12C) ☐ Special (12S)

Election on

04 / 06 / 2012

in the State of

CA

(d) 30-Day POST-Election Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

04 / 06 / 2012

in the State of

CA

5. Covering Period

02 / 01 / 2012

through

03 / 31 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Richard Robinson

Signature of Treasurer

Richard Robinson

Date

04 / 12 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003).

Page 2

Write or Type Committee Name

50 State Strategy

Report Covering the Period:

From:

02 / 01 / 2012

To:

03 / 31 / 2012

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand
January 1,

2012

3850

(b) Cash on Hand at
Beginning of Reporting Period.....

5850

(c) Total Receipts (from Line 19)

390410

408910

(d) Subtotal (add Lines 6(b) and
6(c) for Column A and Lines
6(a) and 6(c) for Column B)

396260

412760

7. Total Disbursements (from Line 31)

376260

392760

8. Cash on Hand at Close of
Reporting Period
(subtract Line 7 from Line 6(d))

20000

20000

9. Debts and Obligations Owed **TO**
the Committee (Itemize all on
Schedule C and/or Schedule D)

10. Debts and Obligations Owed **BY**
the Committee (Itemize all on
Schedule C and/or Schedule D)

390410



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

50 State Strategy

Report Covering the Period:

From:

MM / DD / YYYY
02 / 01 / 2012

To:

MM / DD / YYYY
03 / 31 / 2012

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized.....

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

(b) Political Party Committees.....

(c) Other Political Committees

(such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other

Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

17. Other Federal Receipts

(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

0.00

0.00

0.00

3,904.10

3,904.10

3,904.10

550.00

550.00

550.00

4,034.10

4,089.10

4,089.10

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003).

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures	3,762.60	3,927.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3,762.60	3,927.60
22. Transfers to Affiliated/Other Party Committees		
28. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3,962.60	3,927.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)		

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE **6** OF

<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
-----------------------------------------------	------------------------------------	------------------------------------	------------------------------------	-----------------------------------	------------------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

50 State Strategy

Full Name (Last, First, Middle Initial)

A.

Union Bank

Mailing Address

99 Almaden Blvd #100 San Jose, CA 95113

City

State

Zip Code

Bank Fees
Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
02 / 01 / 2012

Amount of Each Disbursement this Period

655.5

B.

Robinson Communications

Mailing Address

152 N. Third St. San Jose, CA 95112

City

State

Zip Code

State Democratic Convention - Reimbursement for Fees
Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
02 / 09 / 2012

Amount of Each Disbursement this Period

10229.6

C.

Robinson Communications, Inc.

Mailing Address

152 N. Third St. San Jose, CA 95112

City

State

Zip Code

State Democratic Convention - Reimbursement for Fees
Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
02 / 10 / 2012

Amount of Each Disbursement this Period

5411.4

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

16296.5

12030780009

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

50 State Strategy

Full Name (Last, First, Middle Initial)

A.

Anthony Turkey

Mailing Address

545 West Hacienda #301

City

Campbell

State

CA

Zip Code

95008

Purpose of Disbursement

Website Design / Management

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
02 / 15 / 2012

Amount of Each Disbursement this Period

500.00

B.

Anthony Turkey

Mailing Address

545 West Hacienda #301

City

Campbell

State

CA

Zip Code

95008

Purpose of Disbursement

Website Design / Management

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
02 / 24 / 2012

Amount of Each Disbursement this Period

500.00

C.

Anthony Turkey

Mailing Address

545 West Hacienda #301

City

Campbell

State

CA

Zip Code

95008

Purpose of Disbursement

Website Design / Management

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2012

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1500.00

12030780010

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

50 State Strategy

Full Name (Last, First, Middle Initial)

A.

Union Bank

Date of Disbursement

6/3/2012

Mailing Address

99 Almaden Blvd #100

City

San Jose

State

CA

Zip Code

95113

Purpose of Disbursement

Bank Fees / Merchant Services

Candidate Name



Category/
Type

Amount of Each Disbursement this Period

64.95

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

Union Bank

Date of Disbursement

6/3/2012

Mailing Address

99 Almaden Blvd #100

City

San Jose

State

CA

Zip Code

95113

Purpose of Disbursement

Bank Fees / Merchant Services

Candidate Name



Category/
Type

Amount of Each Disbursement this Period

68.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Anthony Turley

Date of Disbursement

6/3/2012

Mailing Address

545 West Hacienda #301

City

Campbell

State

CA

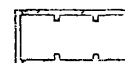
Zip Code

95008

Purpose of Disbursement

Web Design / Management

Candidate Name



Category/
Type

Amount of Each Disbursement this Period

500.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

632.95

TOTAL This Period (last page this line number only).....▶

3762.60

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 9 OF 12

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

50 State Strategy

LOAN SOURCE Full Name (Last, First, Middle Initial)

Robinson Communications, Inc.

Mailing Address

152 N. Third St. San Jose CA 95112

City

State

ZIP Code

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

7.05

0.00

7.05

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

6.2

0.1

2012

1012

0.00 % (apr)

☐ Yes

☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

7.05

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 10 OF 17

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

50 State Strategy

LOAN SOURCE Full Name (Last, First, Middle/Initial)

Robinson Communications

Mailing Address

152 N. Third St. San Jose CA 95112

City

State

ZIP Code

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1,564.10

0.00

1,564.10

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

02

09

2012

None

None % (apr)

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional) ▶

1,564.10

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

12030780013

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 11 OF 17

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

50 gsk Strategy

LOAN SOURCE Full Name (Last, First, Middle Initial)

Robinson Communications, Inc.

Mailing Address

152 N. Third St. San Jose CA 95112

City

State

ZIP Code

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

500.00

500.00

500.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

02

15

2012

MM

DD

None

0.00 % (apr)

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional) ▶

500.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 12 OF 17

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

50 State Strategy

LOAN SOURCE Full Name (Last, First, Middle Initial)

Robinson Communications

Mailing Address

152 N. Third St. San Jose CA 95112

City

State

ZIP Code

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

500.00

0.00

500.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

02

29

2012

None

0.00

% (apr)

☐ Yes

☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional) ▶

500.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 13 OF 17

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

50 state strategy

LOAN SOURCE Full Name (Last, First, Middle Initial)

Robinson Communications, Inc.

Mailing Address

152 N. Third St. San Jose CA 95112

City

State

ZIP Code

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

6495

000

6495

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

6.3

6.1

2012

None

0.00

% (apr)

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional) ▶

6495

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

12030780016

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 14 OF 17

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

50 State Strategy

LOAN SOURCE Full Name (Last, First, Middle Initial)

Robinson Communications Inc

Mailing Address

152 N. Third St. San Jose CA 95112

City

State

ZIP Code

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

68.00

0.00

68.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

03

13

2012

none

6.00 % (apr)

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional) ▶

68.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

12030780017

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 15 OF 17

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

50 State Strategy

LOAN SOURCE Full Name (Last, First, Middle Initial)

Robinson Communications, Inc.

Mailing Address

152 N. Third St. San Jose CA 95112

City

State

ZIP Code

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

500.00

0.00

500.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY
03 / 15 / 2012

MM / DD / YYYY
03 / 15 / 2012

MM / DD / YYYY
03 / 15 / 2012

MM / DD / YYYY
03 / 15 / 2012

MM / DD / YYYY
03 / 15 / 2012

MM / DD / YYYY
03 / 15 / 2012

0.00 % (apr)

% (apr)

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ►

500.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 16 OF 17

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

50 State Strategy

LOAN SOURCE Full Name (Last, First, Middle Initial)

Robinson Communications, Inc.

Mailing Address

152 N. Third St. San Jose CA 95112

City

State

ZIP Code

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

2000.00

0.00

2000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

03

22

2012

None

0.00 % (apr)

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional) ▶

2000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE **17** OF **17**

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

50 State Strategy

LOAN SOURCE Full Name (Last, First, Middle Initial)

Robinson Communications, Inc.

Mailing Address

152 N. Third St. San Jose CA 95112

City

State

ZIP Code

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

0 500,000

0.00

500,000

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

03

30

2012

MM

DD

None

0.00 % (apr)

☐ Yes

☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

0.00

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

0.00

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

0.00

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

0.00

SUBTOTALS This Period This Page (optional)..... ►

500,000

TOTALS This Period (last page in this line only)..... ►

390,410

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

12030780020

Federal Election Commission
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The FEC added this page to the end of this filing to indicate how it was received.

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☐ Postmark Illegible

☐ No Postmark

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☐ Other (Specify): Date of Receipt or Postmarked


PREPARER
(3/2005)

4/16/12
DATE PREPARED

12030780021